SAUK COUNTY HEALTH CARE CENTER

S4555 HWY CH

REEDSBURG	53959	Phone: (608) 524-4371		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	110	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	126	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	./04:	105	Average Daily Census:	104

Services Provided to Non-Residents	Age, Gender, and Primary Di	12/31/04)	Length of Stay (12/31/04) %						
Home Health Care No		Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	33.3		
Supp. Home Care-Personal Care	No					1 - 4 Years	52.4 14.3		
Supp. Home Care-Household Services No		Developmental Disabilities	1.9	Under 65	4.8	8   More Than 4 Years			
Day Services No Me		Mental Illness (Org./Psy)	43.8	65 - 74	16.2				
Respite Care	No	Mental Illness (Other)	1.0	75 - 84	32.4		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent			
Congregate Meals No		Cancer	2.9			-   Nursing Staff per 100 Resident			
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	4.8	65 & Over	95.2				
Transportation	No	Cerebrovascular	15.2			RNs	10.0		
Referral Service	No	Diabetes	6.7	Gender	%	LPNs	10.6		
Other Services	No	Respiratory	2.9			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	21.0	Male	40.0	Aides, & Orderlies	57.4		
Mentally Ill	No			Female	60.0				
Provide Day Programming for			100.0	İ					
Developmentally Disabled No		İ		İ	100.0				
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		1	Private Pay	!		amily Care		İ	Managed Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	2	15.4	299	4	5.6	137	0	0.0	0	1	5.0	158	0	0.0	0	0	0.0	0	7	6.7
Skilled Care	11	84.6	299	66	93.0	117	0	0.0	0	19	95.0	148	0	0.0	0	1	100.0	409	97	92.4
Intermediate				1	1.4	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		71	100.0		0	0.0		20	100.0		0	0.0		1	100.0		105	100.0

County: Sauk SAUK COUNTY HEALTH CARE CENTER Page 2

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/04
Deaths During Reporting Period	 		Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.3	Bathing	0.0		85.7	14.3	105
Other Nursing Homes	5.4	Dressing	9.5		81.0	9.5	105
Acute Care Hospitals	81.5	Transferring	24.8		64.8	10.5	105
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.0		60.0	19.0	105
Rehabilitation Hospitals	0.0	Eating	59.0		27.6	13.3	105
Other Locations	4.3	******	******	*****	******	******	******
Total Number of Admissions	92	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.8	Receiving Resp	iratory Care	12.4
Private Home/No Home Health	14.1	Occ/Freq. Incontiner	nt of Bladder	54.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	32.6	Occ/Freq. Incontiner	nt of Bowel	16.2	Receiving Suct	ioning	1.0
Other Nursing Homes	2.2	_			Receiving Osto	my Care	3.8
Acute Care Hospitals	15.2	Mobility			Receiving Tube	Feeding	3.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.8	Receiving Mech	anically Altered Diets	35.2
Rehabilitation Hospitals	0.0					-	
Other Locations	3.3	Skin Care			Other Resident C	haracteristics	
Deaths	32.6	With Pressure Sores		4.8	Have Advance D	irectives	79.0
Total Number of Discharges		With Rashes		6.7	Medications		
(Including Deaths)	92	İ			Receiving Psyc	hoactive Drugs	62.9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.5	87.2	0.95	86.9	0.95	87.7	0.94	88.8	0.93
Current Residents from In-County	90.5	54.3	1.67	80.4	1.13	70.1	1.29	77.4	1.17
Admissions from In-County, Still Residing	33.7	25.2	1.34	23.2	1.45	21.3	1.58	19.4	1.74
Admissions/Average Daily Census	88.5	55.2	1.60	122.8	0.72	116.7	0.76	146.5	0.60
Discharges/Average Daily Census	88.5	59.6	1.48	125.2	0.71	117.9	0.75	148.0	0.60
Discharges To Private Residence/Average Daily Census	41.3	21.2	1.95	54.7	0.76	49.0	0.84	66.9	0.62
Residents Receiving Skilled Care	99.0	87.1	1.14	96.9	1.02	93.5	1.06	89.9	1.10
Residents Aged 65 and Older	95.2	87.7	1.09	92.2	1.03	92.7	1.03	87.9	1.08
Title 19 (Medicaid) Funded Residents	67.6	77.9	0.87	67.9	1.00	68.9	0.98	66.1	1.02
Private Pay Funded Residents	19.0	16.8	1.14	18.8	1.01	19.5	0.98	20.6	0.93
Developmentally Disabled Residents	1.9	0.5	4.07	0.6	3.04	0.5	3.86	6.0	0.32
Mentally Ill Residents	44.8	46.5	0.96	37.7	1.19	36.0	1.24	33.6	1.33
General Medical Service Residents	21.0	21.0	1.00	25.4	0.82	25.3	0.83	21.1	0.99
Impaired ADL (Mean)	45.5	44.6	1.02	49.7	0.92	48.1	0.95	49.4	0.92
Psychological Problems	62.9	66.5	0.94	62.2	1.01	61.7	1.02	57.7	1.09
Nursing Care Required (Mean)	8.5	8.7	0.97	7.5	1.13	7.2	1.17	7.4	1.14